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Department of Health, Education, and Welfare

Office of Human Development Services and Rehabilitation Services Administration

Vocational Rehabilitation; Availability of Grant Funds for a New Model Spinal Cord Injury System

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Office of Human Development Services

Rehabilitation Services Administration

[Program Announcement No. 13626-791]

Special Projects and Demonstrations in Vocational Rehabilitation

AGENCY: Office of Human Development Services, HEW.

SUBJECT: Announcement of Availability of Grant Funds for a New Model Spinal Cord Injury System.

SUMMARY: The Rehabilitation Services Administration (RSA) announces the availability of grant funds for one new Model Spinal Cord Injury System project authorized by Title III, Section 311(a)(1) of the Rehabilitation Act of 1973, as amended (29 U.S.C. 762). Regulations governing Special Projects and Demonstrations in Vocational Rehabilitation were published in the **Federal Register** in Subpart A and Subpart B, Part 1362 of Chapter XIII of Title 45 of the *Code of Federal Regulations* (45 CFR, Part 1362) on November 25, 1975.

DATE: Applications for grants must be received in OHDS by July 20, 1979.

Scope of This Program Announcement

This announcement provides information solely relating to the designation and award of one new Model Spinal Cord Injury System project for Fiscal Year 1979.

Program Purpose

The purpose of the Special Projects and Demonstrations Program specified in section 311 of the Rehabilitation Act of 1973 is to establish programs for providing vocational rehabilitation services which hold promise of expanding or otherwise improving rehabilitation services to handicapped individuals, including individuals with spinal cord injuries.

Program Objectives

The objectives of the program are to:

1. Establish within a catchment area or region of natural patient flow, a multidisciplinary system of providing comprehensive rehabilitation services to meet the wide range needs of persons disabled by spinal cord injury—from point of injury requiring emergency treatment and transportation, through acute care, rehabilitation services, including vocational and educational preparation, community and job placement and long-term community follow-up and health maintenance;

2. Demonstrate and evaluate the benefits for persons who have become spinal cord injured served in, and the degree of cost effectiveness of, such a regional system;

3. Establish within the system a rehabilitation research environment for the achievement of new knowledge leading to the reduction and treatment of complications arising from SCI and the development of new techniques of medical management and rehabilitation;

4. Demonstrate and evaluate the development and application of improved methods and equipment essential to the care, management and rehabilitation of individuals with SCI;

5. Demonstrate methods of community outreach and education for the SCI in areas such as housing, transportation, recreation, employment and other community activities.

Eligible Applicants

Any State vocational rehabilitation agency, and other public or nonprofit agency or organization, including institutions of higher learning, may apply for a grant under this announcement.

Available Funds

Of the $4.5 million appropriated by the Congress for Model Spinal Cord Injury Systems in Fiscal Year 1979, the Rehabilitation Services Administration expects to award an estimated $200,000 for one new grant.

Generally, this project will be supported for a period of three (3) years. The funds currently available will sustain the budget for the first year of the project. Support of any additional time remaining in the project will depend on funds available and the grantee's satisfactory performance in achieving the project objectives for which the grant was awarded.

Grantee Share of the Project

It is expected that grantees will provide at least five (5) percent of the costs of the Model Spinal Cord System project. The grantee share may be cash or in-kind, and be project related and allowable under the Department's regulations under Subpart G and Q in 45 CFR, Part 74, (see 43 FR 34076, August 2, 1978).

The Application Process

Availability of Application Forms

Application kits which contain the prescribed application forms, the project description, and information for the application may be obtained by making a request to:

Division of Grants and Contracts Management, Office of Human Development Services, DHEW, Room 1427, Mary E. Switzer Building, 300 "C" Street, SW., Washington, D.C. 20201. Attention: 13626-791—Telephone 202/245-0051.

Application Submission

Completed applications should be submitted to the address provided above.

The application shall be signed by an individual authorized to act for the applicant agency and to assume the obligations imposed by the terms and conditions of the grant award.

One signed original and three (3) copies of the grant application, including all attachments, are required. The original and two (2) copies, which are for review purposes, are to be submitted to the central receiving office of the Office of Human Development Services. The other copy is to be submitted concurrently to the cognizant State vocational rehabilitation agency. This agency reviews the applications and forwards its comments to the Commissioner.

Circular A-95 Notification Process

In compliance with the Department of Health, Education, and Welfare's implementation of Office of Management and Budget Circular No. A-95 Revised (interim procedures at 41 FR 3160, July 29, 1976), applicants who request grant support must, prior to submission of an application, notify both the State and Areawide A-95 Clearinghouses of the intent to apply for Federal assistance. If the application is for a statewide project which does not affect areawide or local planning and programs, the notification need be sent only to the State Clearinghouse. Some State and Area Clearinghouses provide their own forms on which such information is to be submitted. Applicants should contact the appropriate State Clearinghouse (listed at 42 FR 2210, January 10, 1977) for information on how they can meet the A-95 requirements.

Application Consideration

The Commissioner determines the final action to be taken with respect to each grant application.

All accepted applications are subjected to a competitive review and evaluation conducted by qualified persons outside of Federal employment. The results of the competitive review supplement and assist the Commissioner's consideration of the

competing applications. The Commissioner's consideration also takes into account the comments of the State agencies of vocational rehabilitation, the HEW Regional Offices and the headquarters program office. Comments on the applications may also be requested from appropriate specialists and consultants inside and outside of the Government.

When the Commissioner has reached a decision either to disapprove or not to fund a competing grant application, the unsuccessful applicant is notified of that decision.

Criteria for Review and Evaluation of Grant Applications

Competing grant applications will be reviewed and evaluated by persons outside of the Rehabilitation Research and Demonstrations Office against the following criteria: To be considered for support, grant applications for a Regional System must give clear evidence of reasonable project costs and that the applicant organization has established in all aspects of spinal cord injury services the (1) recognized expertise and competence, (2) available staff, (3) essential medical, rehabilitation and other service facilities as required without project cost for further alteration, expansion or renovation and (4) effective interagency relationships and communications within the patient flow area. These elements, including the proposed methodology, must assure that the following are provided in meeting program objectives:

1. To spinal cord injured persons, regardless of source of economic sponsorship, a comprehensive, multidisciplinary, balanced continuum of services covering all phases of care and rehabilitation form the point of injury or disability through successful long-term community adjustment. The following range of services must be included:

(a) Acute care:

(1) Evacuation and transportation;

(2) Emergency and early acute care (1–10 days post onset);

(b) Rehabilitation services

(1) Physical restoration (10–120 days post onset);

(2) Vocational-educational preparation (should be initiated during care);

(3) Community placement and adjustment;

(c) Long-term, comprehensive follow-up (includes medical, social, psychological, and vocational).

2. The accessibility of care, including the identification of persons with recently incurred spinal cord injury, through a well-developed, emergency evacuation and transportation subsystem. Such a system must include a communications network from transportation units in the field through a coordinating focal point to the designated emergency and acute medical facility or facilities.

(a) Personnel should be trained in proper handling and evacuation of SCI and severely traumatized persons.

(b) Evacuation personnel must be under medical supervision. Facilities for emergency and acute care that possess the necessary environment, equipped and staffed by specialists in all aspects of spinal injury care, for maximal stabilization and maintenance of vital bodily functions. Emphasis must be placed upon all measures which may alleviate or eliminate the impairments imposed by spinal cord injury including the application of immediate treatment techniques for spinal shock and other traumatic mechanisms of the cord.

3. A program of physical restoration and rehabilitation services that assures the opportunity for improving functional capacity and potential in all areas, including activities of daily living, bowel and bladder care and training, fitting of rehabilitation equipment, vocational evaluation and early training services, psychological assessment and support, family and social evaluation, etc. The availability, of multi-specialty medical consultation must be assured, i.e., urology, plastic surgery, orthopaedics, etc.

4. A vocational rehabilitation program through which effective coordination and communication assures maximal use of all necessary agencies, institutions, and private enterprises within the region to meet the individualized vocational or educational needs of SCI persons. This requires established working relationships via written cooperative arrangements with each VR agency in the patient flow area which is expected to have a formalized relationship to the project, with emphasis upon case services. Such cooperative arrangements should specifically describe referral procedures, cost reimbursements, scope of services to be provided, staff sharing programs and other information as might be necessary.

5. A comprehensive, long-term follow-up program emphasizing community placement, health maintenance, and vocational and social adjustment and assuring that each is evaluated and monitored regularly through direct contact by trained follow-up personnel. Such a follow-up system should provide an up-to-date registry including a dynamic, current status evaluation of all SCI persons discharged from the various subsystems.

6. A program of community outreach and community education in connection with the problems of housing, transportation, recreation, employment, and community activities.

7. Coordination of services, and appropriate program and advocacy administered and guided by a physician who has specialized training and experience in rehabilitating the SCI during the early care phase of rehabilitation, and an allied rehabilitation professional as coordinator during the vocational and placement phases.

8. An adequate and substantial volume of patients to support such a demonstration project. For a 30–40 dedicated bed spinal cord injury service, a minimum of 70–100 new cases a year must be available, not including a census of 100–300 previously disabled persons. Prior rates of case identification, admissions, readmissions, and discharges will be used to evaluate this requirement.

9. Opportunities and the environment for clinical research and evaluation of program effectiveness. This requires a sophisticated data collection, retrieval and analysis capability for each subsystem and the total system collectively. Cost effectiveness and systems analysis studies will evaluate the benefits of the various subsystems and the total system in light of regional variations and differences in project structure and design.

10. For the sharing of medical and allied rehabilitation staff by the acute medical care and rehabilitation services components, for rehabilitation plan development, treatment, research collaboration and training.

11. Training opportunities for specialists in the various disciplines involved in the rehabilitation of persons with SCI.

12. Appropriate agency liaison, public and community education programs to decrease the incidence of traumatic spinal cord injury (prevention).

Closing Date for Receipt of Application

The closing date for receipt of applications under this program announcement is July 20, 1979. Applications may be mailed or hand delivered to the receiving office. Hand delivered applications are accepted during the work hours of 9:00 a.m. to 5:30 p.m.

An application will be considered to have arrived by the closing date if:

1. The application was sent by registered or certified mail no later than July 20 as evidenced by the U.S. Postal Service postmark or the original receipt from the U.S. Postal Service;

2. The application is sent by mail and received on or before the closing date in the Department of Health, Education, and Welfare, Office of Human Development Services' mailroom as evidenced by the time date stamp or other documentary evidence of receipt maintained by such mailroom; or

3. The application is hand delivered to the office designated to receive the application in the application instructions. Hand delivered applications will be accepted no later than c.o.b. July 20, in any case.

Late Applications

Late applications will not be accepted and applicants will be notified accordingly.

(Catalog of Federal Domestic Assistance Program Number: 13626, Special Projects and Demonstrations)

Dated: April 13, 1979.

Robert R. Humphreys,

Commissioner of Rehabilitation Services.

Approved: May 11, 1979.

Arabella Martinez,

Assistant Secretary for Human Development Services.

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